

Name
in
Full

David M. Biggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Smiths Creek</u> <u>St. Marys</u>					MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1907	Aug	14	37				
Sex	Male	Color or Race	White	Birthplace	Baltimore		
Occupation	Dentist	Where Residing if not at place of death <u>St. Marys</u>					
Married, Single or Widowed	Married	Name of Wife or Husband	Dont know				
Father's Name	Dont know					Father's Birthplace	Dont know
Mother's Maiden Name	Dont know					Mother's Birthplace	Dont know
Name of person giving information	Mary Townsend					How related to deceased	Niece

(Accidental drowning)

CAUSES OF DEATH

172

How long

Primary

Drowning

(accidental)

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ostheoyd
Ridge
Md

PHYSICIAN
OR CORONER

Accident? Yes? Accidental-

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Keating Johnson
Morganza

CERTIFICATE OF DEATH

MD
MARYLAND

Town	Stonington				
Date of death	Month	Day	Years	Months	Days
1907	Aug	5	19	4	29
Sex	Color or Race	white			
male					
Occupation	Gardening				
Married, Single or Widowed	Name of Wife or Husband	Mary A. Johnson			
Single					
Father's Name	Albert Johnson				
Mother's Maiden Name	Mary A. Johnson				
Name of person giving Information	I. B. Johnson				

68

How long

2 Weeks

How long

PHYSICIAN
OR CORONER

Primary Acute Nervous Mania

Immediate Exhaustion

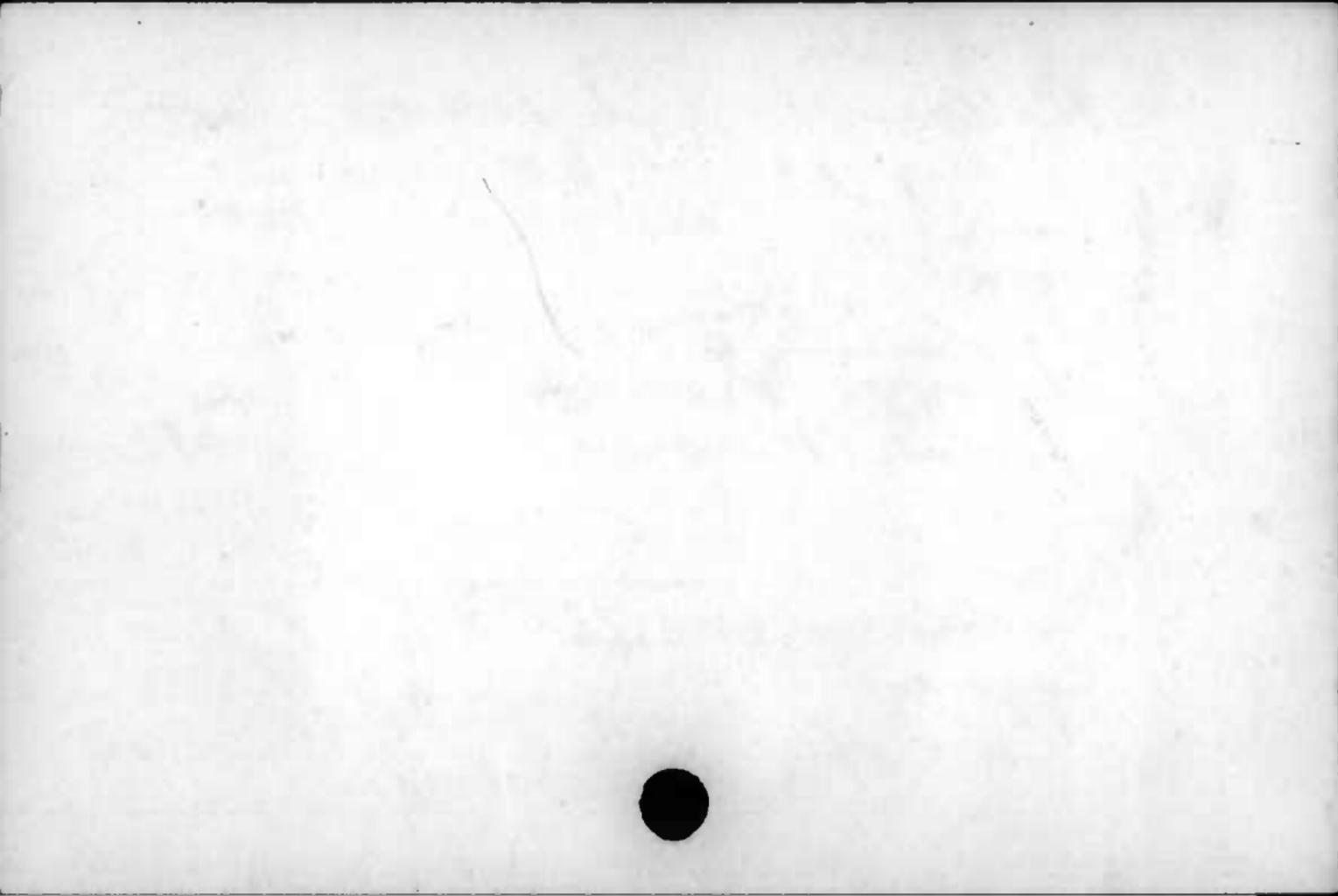
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

I. B. Johnson-
Morganza -

19
Accident or Suicide?



Name
in
Full

Agnes Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month aug	Day 19	Years 25-	Months	Days
Sex Female	Color or Race	Calvert	Birth-place	Md.	
Occupation Cook	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Henry Smith	Father's Birthplace				
Mother's Maiden Name Don't Know	Mother's Birthplace				
Name of person giving information Albert Smith	How related to deceased				
Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis (Tuberculosis) 1 year

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

ye

Signature of Physician

Address

27

How long

How long

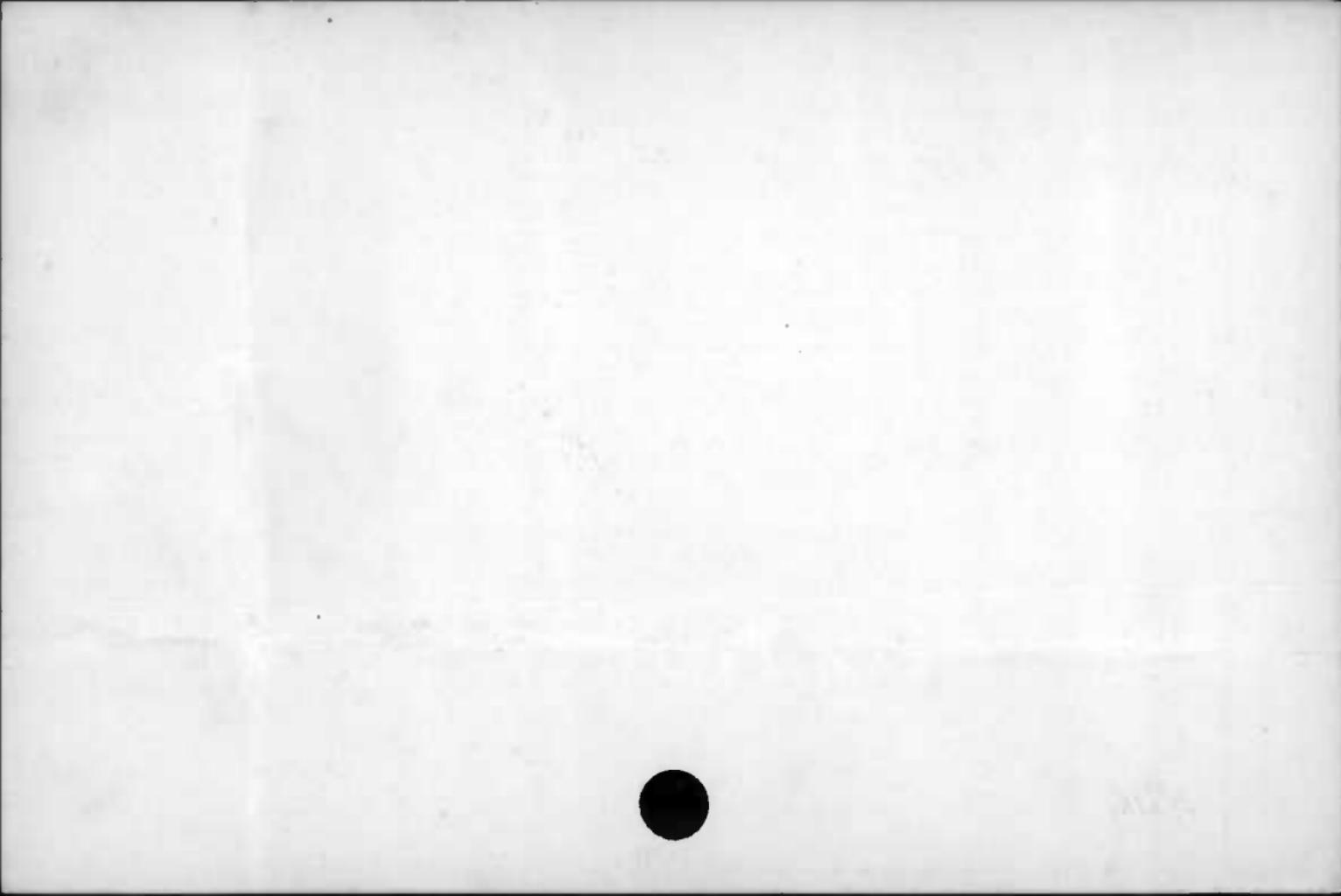
4 days

Post Lloyd

Padge

Md

Accident or Suicide?



Name
in
Full

Daisy Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	Washington D.C.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	with Grand-parents			
Father's Name	James Thomas				
Mother's Maiden Name	Martha Marshall				
Name of person giving information	Martha Thomas				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

How long

three weeks

Immediate

Exhaustion from diarrhoea

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Zach. R. Morgan, M.D.
Mechanicsville,
Md.

Accident or Suicide?

